

after the lapse of a fortnight the head was as large as ever. Tapping was again tried, but without relief, and after this last attempt, the child gradually sank, and in a week died.

48. *Ligature of the Brachial Artery at the Bend of the Elbow.*—Professor GRAEFE, is of opinion that the method of Hunter, however advantageous in general, ought occasionally to be deviated from. He has cited an instance in which the brachial artery had been wounded in bleeding. He did not see the patient till three days after the accident, at which time the arm was swollen, tense, of a livid red, and very painful when pressed. In this case the tumefaction of the member would have presented an insurmountable obstacle to the ligature of the artery at the usual place—the internal margin of the biceps. M. Graëfe therefore preferred operating at the bend of the arm, because there the jet of blood would serve as a guide to the artery, which was accordingly tied above and below the wound in its coats. The patient was dismissed cured at the end of a month.—*Gaz. Med.*

49. *New Caustic for the Treatment of Cancerous Diseases.*—This new therapeutic agent proposed by M. RICAMEN, and which he is now employing with advantage in several cases at the Hôtel-Dieu, consists of a solution of chloride of gold in aqua regia. It is prepared as follows:—℞. Acid. nit. muriat. ʒj.; Chlorur. auri. pur. gr. vj. solv. It is employed in the same manner as other liquid caustics. A piece of lint is dipped in the solution, and the diseased surface cauterized with it. The cauterization ought to be deep, and form a eschar, which is detached in three or four days. After it has fallen off, the cauterization must be repeated, and for six or eight times, according to the extent of the ulcerated surface and the depth of the lesion. The action of the caustic is not painful; its action is entirely local, and in both these respects it offers incontestable advantages.—*Lancette Française, June 9th, 1835.*

50. *Prolapsus Ani Cured by Nux Vomica.*—Dr. SCHWANTZ, in an article in a late number of *Hufeland's Journal*, asserts that the nux vomica is a specific remedy for prolapsus ani. When the disease occurs in very young children, he administers a solution of one or two grains of the extract in two drachms of distilled water, and gives six or ten drops every four hours. The disease is generally cured, he asserts, on the following day. When the child is older, he gives fifteen drops, and continues the medicine eight days after the cure, to prevent a relapse. Children at the breast require very small doses, two or three drops of the solution. When the prolapsus has existed for some time, he adds a few grains of the extract of rhatany as an astringent.

51. *Fracture of Clavicle.*—Mr. STONE has recorded in the *Edinburgh Medical and Surgical Journal* for July last, a case of this accident, in which the position of the broken surfaces of the bone were completely reversed from the usual one, viz. the acromial extremity was elevated above the sternal one, requiring no inconsiderable force to urge them to the same level; and even when the cure was completed, the sternal extremity lay rather below its fellow.

MIDWIFERY.

52. *Cæsarean Operation.*—Dr. REUTEN has communicated to the *Heidelberger Klinische Annalen*, (Vol. X. No. 3,) some observations on the Cæsarean operation in a living female compared with the same operation in a woman who died suddenly at the full period of gestation. The woman who was the subject of the first case, and who was operated on in consequence of malformation resulting from rickets, lived but eight days, when she died of metro-peritonitis. The

infant was extracted alive. The second operation was performed on a woman who had died; the child was also dead.

These two cases present nothing interesting, except the following comparative results. Whatever may be the difficulty of ascertaining the indications for the Cæsarean operation on a living woman, this difficulty is much greater when the operation is to be performed on one who has died suddenly. In this last case the indications depend upon the certainty we can arrive at, of the life of the infant and the death of the mother; but certainly as regards this last, cannot be attained within the period during which it is necessary to perform the operation, in order to save the child; unless, indeed, the life of the mother has been destroyed by some evident external cause. The extreme limits of the period alluded to, is three hours after the apparent death of the mother. As respects the certainty of the life of the infant in a woman who has died suddenly, there are greater difficulties at arriving at it, than in a living woman, who may by her sensations furnish us some indications; moreover, the infant participates more or less in the disease which precedes the sudden death of the mother; its movements are more feeble, and less sensible in consequence of the want of reaction in the uterus. The operation also offers in the second more difficulties than in the first. In fact, in a woman who has suddenly died, or who is in a state of apparent death, the blood stagnant in the vessels, escapes with more facility, and gives rise to considerable effusions, a circumstance which, with the state of inertia and flaccidity of the uterus, renders the hand of the operator less certain, and becomes in case of apparent death, one of the most unfortunate complications. In the living woman, on the contrary, the uterus is firmer, and arrests hæmorrhage by its contractions, better than any hemostatic, and hæmorrhage is also less to be feared, because the veins are less distended.

53. *Report of Cases in the Lying-in Wards of La Charité, Berlin, in 1832.*—There were in these wards on the 1st January, 1832, remaining from the previous year, 22; delivered in hospital in 1832, 249; delivered outside, 11; making, 282. The number of children born was 252, 135 boys and 117 girls,* or as 1.16 to 1. The first position of the head was observed in 183 presentations, the first position of the breech in three, and the transverse position in five. In all except a very few cases, the placenta came away within from five to twenty minutes after the child's birth. In 220 cases, labour was completed without any assistance, except the support given to the perineum; in 24 the forceps was applied, and in five cases version; hence the proportion of natural to artificial labours was 220 to 29; nearly as 7.6 to 1.

The discases and accidents which complicated the patients' state after delivery were very numerous; thus we find 24 cases of uterine hæmorrhage; 11 of metritis; 10 of puerperal fever; 2 of puerperal mania; 51 of various febrile affections; inversion of the uterus 1; putridity 1; mastitis 12; rupture of the perineum 5.

The frequency of inflammatory and febrile affections after delivery depended upon an epidemic constitution; and metritis was generally the result of artificial labour. Puerperal fever occurred under such different circumstances and times, that it was impossible to refer it to any epidemic cause.

The following were the most remarkable affections of the new-born children. Asphyxia 15; icterus 30; induration of the cellular tissue 13; inflammation of the eyes 37; aphthæ 22; convulsions 5; pneumonia 3; eclampsia 3. Twenty-three children were born dead, and 30 died during the convalescence of the mother, viz. convulsions 5; eclampsia 3; apoplexy 1; pneumonia 3; induration of cellular tissue 9; atrophy 7.

On comparing the several numbers of births, deaths, diseases, &c. we obtain the following proportions. Births, to number of deaths and children born dead, 252: 53 = 4.8 = 1; births to children born dead, 252: 23, or 10.95: 1; births to deaths soon after birth 252: 30, or 8.4: 1.—*Rust's Magazin. No. II. for 1835.*

* From a comparison made in France of more than fifteen millions of births, it would appear that the proportion of males born to females is as 17 to 16.